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COMMITTEE ON THE ELIMINATION OF
DISCRIMINATION AGAINST WOMEN
Thirteenth session
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Item 4 of the provisional agenda*

IMPLEMENTATION OF ARTICLE 21 OF THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN

Reports provided by specialized agencies of the United Nations on the implementation of the Convention in areas falling within the scope of their activities

Note by the Secretary-General

Addendum

In accordance with the Convention on the Elimination of All Forms of Discrimination against Women (General Assembly resolution 34/180, annex), article 22, the World Health Organization has submitted to the Committee on the Elimination of Discrimination against Women, for consideration at its thirteenth session, the report attached to the present document.

WORLD HEALTH ORGANIZATION

Introductory note

On behalf of the Committee, the Secretariat invited the World Health Organization on 22 June 1993 to submit to the Committee by 1 September 1993 a report on information provided by States to the World Health Organization on the implementation of article 12 and related articles of the Convention which would

* CEDAW/C/1994/1.

supplement the information contained in the reports of those States parties to the Convention on the Elimination of All Forms of Discrimination against Women which will be considered at the thirteenth session. These are the latest reports of Barbados, Colombia, Ecuador, Guatemala, Guyana, Japan, Libyan Arab Jamahiriya, Madagascar, the Netherlands, New Zealand, Norway, Senegal and Zambia.

Other information sought by the Committee refers to the activities, programmes and policy decisions undertaken by WHO to promote the implementation of article 12 and related articles of the Convention on the Elimination of All Forms of Discrimination against Women.

The report annexed hereto has been submitted in compliance with the Committee's request.

Annex

Report on the work of the World Health Organization in the area of women, health and development*

[Original: English]

1. Within the World Health Organization (WHO), as well as outside it, interest continues to grow in the links between women's health, the health of families and communities and social and economic development of societies. There is increasing awareness that neglect of women's health concerns stems from a failure to recognize and take account of their unique health needs which are determined by both the physiological differences between men and women and also by culturally determined attributes which lead to social and economic inequalities between the sexes. Women's health status around the world and throughout their entire lifespan was the focus of the 1992 Technical Discussions on "Women, health and development". A WHO publication and background document entitled "Women's health: across age and frontier" underscored the physiological differences between men and women and illustrated the diverse socio-economic factors that determine the health status of women. The gender differences in nutritional status, disease prevalence, availability of health services and quality of health care for women exemplify the persistent and pervasive effects of discrimination on women's health status.

2. Global Commission on Women's Health. These discussions built upon WHO's substantial experience in the area of women's health and led to resolution WHA45.25 Rev.1 which calls, inter alia, for the creation of a Global Commission on Women's Health, the terms of reference of which include: producing an agenda for action on women's health; making policy-makers aware of women's health issues by using sex-specific, disaggregated data on women's socio-economic and health conditions; advocating the promotion of women's health issues within all development plans, using all forms of mass media; providing a forum for consultation and dialogue with women's organizations, women's health advocacy groups and others who represent the mobilization of women, from the grass-roots to the highest political levels.

A Working Group was established in July 1992 to coordinate follow-up on this resolution. A notable objective of this Group has been to capitalize first on existing knowledge and expertise by ensuring cooperation within technical programmes at all levels, and between WHO and other appropriate agencies of the United Nations system and pertinent non-governmental organizations (NGOs).

An inter-agency/interregional meeting was thus held in March 1993 which agreed on the importance of approaching women's health issues within an overall framework of human rights. Priority issues in women's health, immediate areas for action and indicators to monitor changes were agreed upon. Activities to address the issues suggested will be selected by each region according to

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* This report has been reproduced in the form in which it was received.

regional priorities. Participants advocated the immediate implementation of such a grass-roots strategy at the country level so that the Global Commission on Women's Health itself may be formed before the end of 1993.

3. Women's health and human rights. In response to the request by Member States that the Global Commission on Women's Health provide input to all major international forums, including the World Conference on Human Rights, the International Conference on Population and Development and the Fourth World Conference on Women, the above-mentioned Working Group commissioned a WHO document entitled "Human rights in relation to women's health" which was presented at the World Conference on Human Rights, held at Vienna in June 1993. The paper highlights ways in which existing international human rights laws may be better used to protect and promote women's health. The most dynamic feature of using the human rights framework is its pro-active approach in which the promotion of a culture of equal worth and dignity of all human beings is fostered and the principle of non-discrimination, whether concerning access to existing goods and services or allowing for participation and freedom of choice, is respected.

4. WHO, as the technical agency responsible for global public health, seeks to bring women and health care providers, needs and services together into a harmonious and functional relationship. In defining women's priority health needs, the objective is to break the cycle of neglect which afflicts women across the generations. The organization is developing interventions which will lead to rapid and sustained improvement in women's health status. Three indicators which reflect the unequal health status of women and which are amenable to substantial and short-term improvement have been selected for priority action in a first phase: nutrition, fertility and maternal mortality.

5. Nutrition. Dealing with the nutritional needs of girls and women throughout their lives implies developing strategies to end discrimination in terms of food allocation and nutritional status. An enormous burden of ill-health is associated with malnutrition which causes wasting, blindness from vitamin A deficiency, mental retardation from iodine deficiency and the widespread iron deficiency anaemia. Malnutrition affects women and girls more than boys, both because of discrimination in feeding and health care and because of the extra demands for energy and iron imposed by menstruation, childbearing and lactation. Malnutrition also contributes to increased morbidity and death from a variety of infectious and chronic diseases. Anaemia, which affects some 450 million women aged between 15 and 49 years, is the most widespread and neglected nutritional deficiency disease in the world today, and is largely a problem for women, particularly during pregnancy and lactation. The WHO Nutrition Programme is working to implement a range of interventions targeting anaemia, including modification of dietary patterns, alternative treatment schedules, delivery systems for ferrous sulphate prophylaxis that have fewer side effects and food fortification.

6. Improving women's nutritional status, in particular, removing the burden of chronic fatigue which accompanies anaemia, will be a vital first step in breaking the cycle of neglect and ill-health and demonstrating to women that ill-health is not an immutable state and that simple interventions exist which result in real changes to their everyday lives.

7. Fertility. Changing the realities of women's daily lives is also at the heart of fertility control. Access to family planning information and services would lead to a vast improvement in women's health. Giving women power to take free and informed decisions about when to start and stop childbearing, and how many children to have, frees them to take better care of themselves and their families. The benefits of family planning to the health of women and children are well established. Empowering women to take decisions about their fertility also empowers them in other domains such as household decision-making and participation in educational and economic life.

8. During their reproductive lives women require a range of contraceptive methods, from the temporary and transient to the more or less permanent, from barrier to hormonal methods. Providing an appropriate range of methods is the challenge WHO is seeking to address through the preparation of guidelines for programme managers and planners. The Family Planning and Population Unit has sought to promote the integration of family planning programmes into the broader context of primary health care services. In the past, population policies and programmes have been driven by demographic imperatives rather than health or quality-of-life goals. Increasingly, however, voluntary, individually decided fertility control is seen to be a critical element in protecting the health of families and communities. Success and sustainability will depend on integrating the perspectives of women and men into the development and implementation of population policies and programmes.

9. Maternal health. Poor nutritional status and high-risk fertility patterns both contribute to chronic ill-health suffered by millions of women who experience complications during pregnancy and delivery, half a million of whom die as a result. Women die from infection, high blood pressure, obstructed labour, unsafe abortion and a range of diseases which are aggravated by pregnancy such as malaria, hepatitis, rheumatic heart disease and diabetes. All can be either prevented or treated through the application of cost-effective technologies at the community or health centre.

10. High-quality services for pregnant women should be available as close to where women live and work as possible. The Maternal Health and Safe Motherhood Programme seeks to encourage health-care providers to ensure that services are welcoming, flexible and low-cost. Accessibility, appropriateness, affordability and quality are the prime considerations in the provision of maternal health care. The Maternal Health and Safe Motherhood Programme has developed guidelines for the decentralization of essential obstetric care in order to facilitate access to care for all women, especially those disadvantaged by poverty, distance or socio-cultural and economic barriers.

11. To make health care accessible to all, WHO is developing strategies to redress the balance between the health centre and the hospital. The Maternal Health and Safe Motherhood Programme has defined the minimal set of interventions for the care of mother and baby that should be provided at the health centre. Many life-saving procedures can and should be performed by midwives and other non-physician health workers in the health centre which has a community-oriented role and is the best facility to inform, educate and take care of women's and children's health needs. The health centre is the place where the most cost-effective interventions can be provided.

12. Women's perspectives in health care. Because removing inequalities in health status and ensuring equitable access to care will depend critically on greater collaboration between health-care systems and families, medical professionals and their clients, health-care providers and women themselves, the organization is seeking to stimulate a process whereby programmes for women's reproductive health are placed in the broader context of primary health-care services and reproductive choice is defined as a health issue. The work of the organization will increasingly depend on the mobilization of NGOs and women's groups to ensure that women's perspectives are at the centre of all maternal health and family-planning strategies.

13. To this end, the Special Programme for Research, Development and Research Training in Human Reproduction and the Maternal Health and Safe Motherhood Programme collaborated to establish and foster the integration of women's perspectives into research on human reproduction and into the provision of services for reproductive health. In the context of the Meeting of the Medical Women's International Association for Africa and the Near East, the two programmes have jointly organized a workshop to discuss ways and means for ensuring women's input and participation and to establish a network of interested parties.

14. Gender-based indicators. WHO's activities in Women, Health and Development (WHD) aim to address the question of interactive relationships between the health of women and their social, political, cultural and economic status and their contribution to health and overall development. Over the years WHD has advocated integrating gender considerations into health systems. Among the important outcomes are: the promotion, collection and dissemination of sex-specific health data; gender analysis of the impact of disease and health-related conditions; promotion of women's perspectives; participation and leadership in health and development; and promotion of women's role and status in health and health-related matters from family to national decision-making levels.

15. In accordance with resolution WHA45.25, the Interdivisional Steering Committee on Women, Health and Development continues its task of ensuring that the organization's programmes, as well as the Ninth General Programme of Work, give proper attention to matters affecting women's health in all areas.

16. To facilitate the process of incorporating women's perspectives in WHO's General Programme of Work the Steering Committee on Women, Health and Development has prepared a check-list of indicators for programme managers. It includes a series of questions, including consideration of the following: indicators of gender differentials in health, and access to and use of health services; the impact of the programme's activities on the health of women in countries; the provision of services and the participation of women and/or women's organizations in health promotion and disease prevention and control; and research needs as related to women's concerns in the context of primary health care.

17. Leadership. The fourth United Nations Population Fund (UNFPA)-supported interregional workshop on leadership and participation of women in maternal and child health and family planning, held in Washington, D.C., November 1992,

resulted in the further strengthening of the network of multisectoral teams on women's leadership and participation, which now includes 42 countries throughout all WHO regions. Efforts are under way to mobilize resources and support for grass-roots women's organizations.

18. WHO has long sought to ensure sex-specific data collection on mortality and morbidity, focusing particular attention on collecting data to fill information gaps on issues that affect only women and that have been neglected in many official data-collection efforts. The Division of Family Health continues to maintain several bibliographic and/or indicator databases on women's health and has close links with other programme areas with sex-disaggregated data sets. It is planned that eventually these databases will form the starting-point of a comprehensive bibliographic and indicator database on women's health across the lifespan, bringing together all available information from different programme areas.

19. Stimulated by the activities of the Steering Committee on Women, Health and Development and by linkages with the Global Commission on Women's Health, various programme areas are increasingly becoming aware of the invisibility of women's health problems. This has led to efforts to quantify the extent of under-reporting and to develop research and data-collection methods to fill the information gap. An informal working group on gender and health research has come together, under the coordination of the Special Programme for Research and Training in Tropical Diseases (TDR), to discuss gender research issues of common concern. One of its activities is the development of a multi-country intervention study on the development of a "healthy women counselling guide". This would focus on women's health problems and would be used at the community level, for example, when women take children for immunization or during attendance at meetings of women's groups and NGOs.

20. Several programme areas have worked to develop strategies to reveal the gender aspects of diseases and health conditions. The issue of women and drugs was the subject of a consultation held in August 1993. The discussions will serve as a basis for a United Nations system-wide position paper on women, drug abuse and human immunodeficiency virus (HIV)/acquired immune deficiency syndrome (AIDS) and will provide an essential contribution to the 1995 conference in Beijing. The WHD Steering Committee was convened to coordinate input to the Conference and to ensure a high profile for women's health on the proposed Platform for Action.

21. Women and violence. In devoting World Health Day 1993 to the prevention of accidents and injuries, special attention was drawn to the issue of violence affecting girls and women. Violence against women has to be seen in its broadest context, referring not only to the physical and mental abuse to which women are subjected but also to the hidden violence that women face when they suffer from discrimination or are denied the basic human rights of food, medical care, education and a safe environment. A round-table discussion held on the day brought together a panel composed of health-care providers, women's groups and women who have themselves suffered abuse to examine ways of helping both victims and perpetrators.

22. Another form of violence against women is certain traditional practices, in particular, female genital mutilation, which affects over 80 million girls and women in over 30 countries. The Forty-sixth World Health Assembly adopted a resolution on Maternal and Child Health and Family Planning (WHA46.18) that highlighted the importance of eliminating such harmful traditional practices and other social and behavioural obstacles affecting the health of women, children and adolescents. The Assembly requested that the Director-General provide additional information on the scope and health implications of such practices. WHO continues to provide technical and financial support for national surveys, for training of traditional birth attendants, midwives and other health workers, and for grass-roots initiatives to put a stop to the perpetration of such practices.

23. Women at decision-making levels. With regard to articles 7 and 8 of the Convention, on women at the decision-making level in WHO, in order to achieve the organization's objectives of increasing the number of women in all Professional and higher-graded posts as well as the participation of women in WHO programmes, technical meetings and meetings of WHO's governing bodies, Dr. Tomris Türmen, Director of the Division of Family Health, has been appointed Adviser to the Director-General on the Employment and Participation of Women in WHO. The Adviser will work in close collaboration with the WHO Ad Hoc Group on the Employment of Women, which is composed of representatives of Personnel, the WHO Staff Committee and the Fifty-Fifty Group.

24. The terms of reference of the Adviser include identifying women both inside and outside the organization with potential for appointment to decision-making and policy-making positions in WHO and stimulating a search for qualified women candidates for posts throughout WHO, through contacts with colleagues, member States, other agencies, universities, research centres and NGOs. The Adviser will be part of the Ad Hoc and Senior Staff Selection Committees in order to contribute to the equitable consideration of women candidates for vacant posts in the Professional and higher categories. It is thus hoped that a mechanism will be set up to monitor progress towards the achievement of the organization's objectives for increasing the participation of women at all levels in WHO. The Adviser will advise on innovative measures, drawing on the experience of private and public bodies, aimed at the equitable recruitment and promotion of women in WHO and report regularly to the Director-General on current trends and on further action needed to achieve increased participation of women in WHO'S programmes.